Community Profiling and Health Needs Assessment

A Practical Guide for Public Health Nurses

Edition 5: June 2021

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

HSE
Seirbhís Sláinte Níos Fearr á Forbairt
Building a Better Health Service

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Edition No. 2 April 2010

Edition No. 3 April 2011

Edition No. 4 January 2021

Edition No. 5 June 2021

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Mulcahy H, Downey J. (2021)
Community Profile and Health Needs Assessment. A Practical Guide for Public Health Nurses.
5th edition. Cork, UCC and NMPDU

ISBN: 978-1-906642-99-0

Table of Contents

Community Profiling and Health Needs Assessment

Introduction

The purpose of the original project in 2009 was to identify an instrument that would aid Public Health Nurses (PHNs) to deliver a comprehensive service based on client needs within the community. It has long been recognised that the most appropriate way to measure community needs is to conduct an area or community profile. Community profiling is defined as "a comprehensive description of the needs of the population that is defined, or defines itself as a community, and the resources that exist within that community carried out with the active involvement of the community itself, for the purpose of developing an action plan or other means of improving the quality of life in the community" (Hawtin and Percy Smith, 2007). According to Jennings and Burke (2005) community profiles provide a rounded image of the health needs of local communities and are central to effective targeting, delivery and improvement of health services. Rowe *et al*. (2001) indicate that the objectives of community health needs assessments processes are similar to that of community profiling and are summarised as follows:

- describes the state of health of local people;
- enables the identification of the major risk factors and causes of ill health; and
- enables the identification of the actions needed to address these.

Effectively it is a care plan for the community and necessary for effective public health nursing.

All PHNs are educated in, and strongly recommended to conduct area profiles; the extent to which this actually happens in reality varies. Anecdotal evidence suggests that the reason for this is that PHNs perceive area profiles to be complex and time consuming. This issue served as the main impetus for the original project. The literature and electronic resources were reviewed to identify the key components of community profiles. Many resources exist aimed at meeting the needs of various disciplines, e.g. nursing, medical, community development etc and many are structured around the main determinants of health of populations. Ultimately it was considered important to focus on areas relevant to *nursing* in the community and develop a standardised community profile and health needs assessment.

Developing Standardised Community Profiles/Health Needs Assessment

A user-friendly pro forma was developed to enable PHNs to conduct a comprehensive community profile (Figure 1). This was subjected to peer review by Directors of Public Health Nursing (DPHN) and Assistant Directors of Public Health Nursing (ADPHN) in the Health Service Executive South and modified as appropriate. An additional benefit of this template was that it allowed information to be collected in a standardised manner, facilitating comparison between areas. Where possible, objective measures were used which facilitated comparison with regional and national data. Supporting guidelines were developed and ideally, they should be used to assist completion of the template.

Development of Community Profiling Document Process

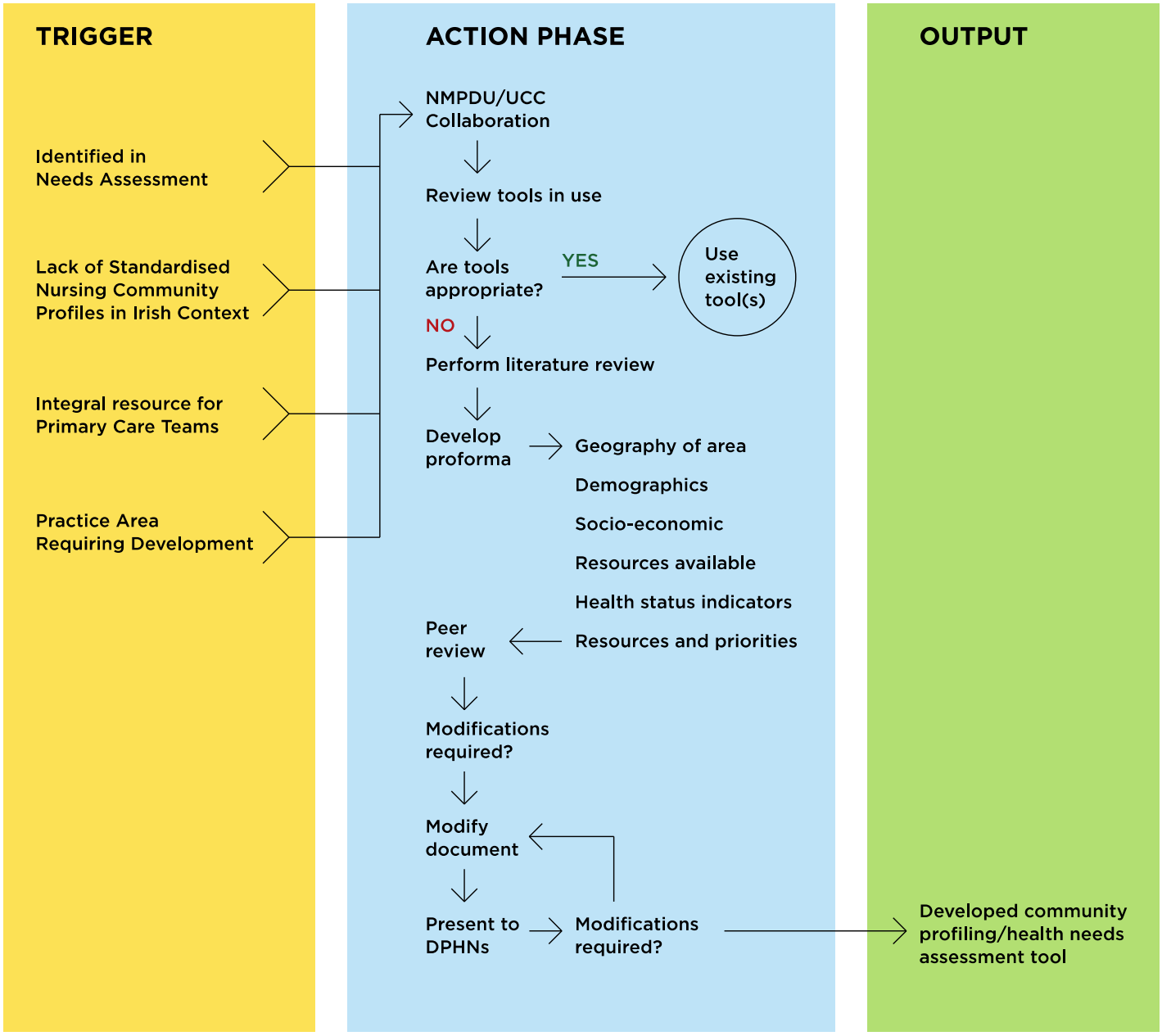


Figure 1: Development of Community Profile Business Process

Implementing Standardised Community Profiles/Health Needs Assessment

The project of implementing standardised profiles involved continued collaboration between the Nursing and Midwifery Planning Development Unit (NMPDU) and University College Cork (UCC). The details outlining the triggers, actions and outcomes are detailed in the business process (Figure 2). Subsequently, engagement was sought from the Directors of Public Health Nursing, HSE South, commencing with the action phase of the business process. At the initial presentation (November 27th, 2006) to the DPHNs HSE South, a commitment to lead out this project through the Assistant Directors of Public Health Nursing was given. It is envisaged that the ADPHNs were best placed through their existing role in supporting frontline staff to enable implementation of this tool. Figure 2 also demonstrates that collaboration with the ADPHNs and ensuring their commitment to this project was vital to successful implementation. This involved meeting with ADPHNs in the HSE, South to create an awareness of the project and seek their support. Furthermore, it was envisaged that this pro forma would provide a valuable framework to describe, analyse and prioritise PHN caseloads, which in turn could be fed back to the HSE service planning process. It was planned by the authors to evaluate this project within six months of completed rollout, both in terms of the tool itself and its ease of use, and how successful it has been in identifying specific community priorities for action and service planning.

Implementing Standardised Community Profiling Process

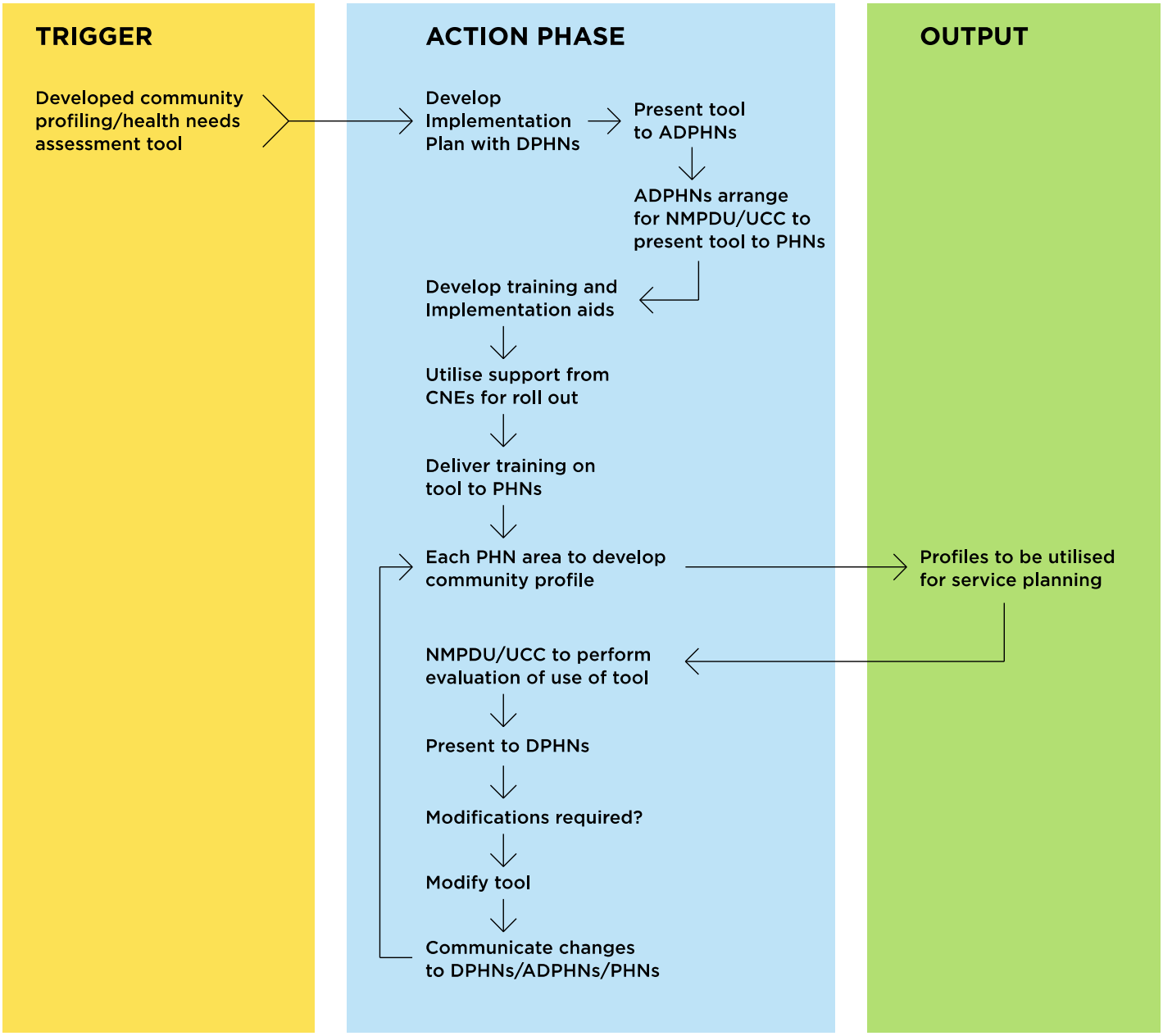


Figure 2: Implementation of Community Profile Business Process

In the revised edition (April 2011) the authors (HM and CB) acknowledged that the evaluation as planned above did not occur as a result of incomplete implementation of the tool at a time of economic recession. In November 2020 an opportunity arose to collaborate once more with the NMPDU with the support of Ms Anne Walshe Director, Nursing & Midwifery Planning & Development , HSE South (Cork/Kerry)who supported a long overdue revision of the CPHNA. Consequently, Dr Helen Mulcahy and Ms Johanna Downey collaborated in updating the guidelines and template, taking account of up-to-date data sources and national developments in primary care metrics and quality care metrics (HSE 2020 Public Health Nursing, HSE 2018, ONMSD 2018).

A Guide to Completing a Community Profile

The following table (Table 1) is intended as a summary guide to assist in the development of community health needs assessment. For more information it would be useful to access other resources such as those provided by the World Health Organisation (Rowe et al, 2001) or the HSE East (Jennings and Burke, 2005). A relevant bibliography is provided on page 6. It is important that data sources are referenced in the template document to enhance credibility and facilitate comparisons where required.

SECTION I: GEOGRAPHY OF AREA & GENERAL DESCRIPTION INCLUDING ENVIRONMENTAL

Data required

- Maps Size, Shape, DEDs, Boundaries, Features, Roads Infrastructure
- Area information, Evolution & History of Area

Information source

- www.osi.ie/about/open-data/
- Health Atlas
- Department of Public Health Nursing-Area information
- County Council including Websites
- City or County Libraries
- Google Earth
- Internet e.g.- Google Search engine
- Tourist Office
- Post Office
- Church records
- Politicians
- Community Development Workers
- Town Development Plans
- County Council websites and Development Plans
- Teagasc Offices
- Partnership
- Heritage Centres
- Ordnance Survey of Ireland
- Local History group
- Environmental Health Officers
- Garda Siochana

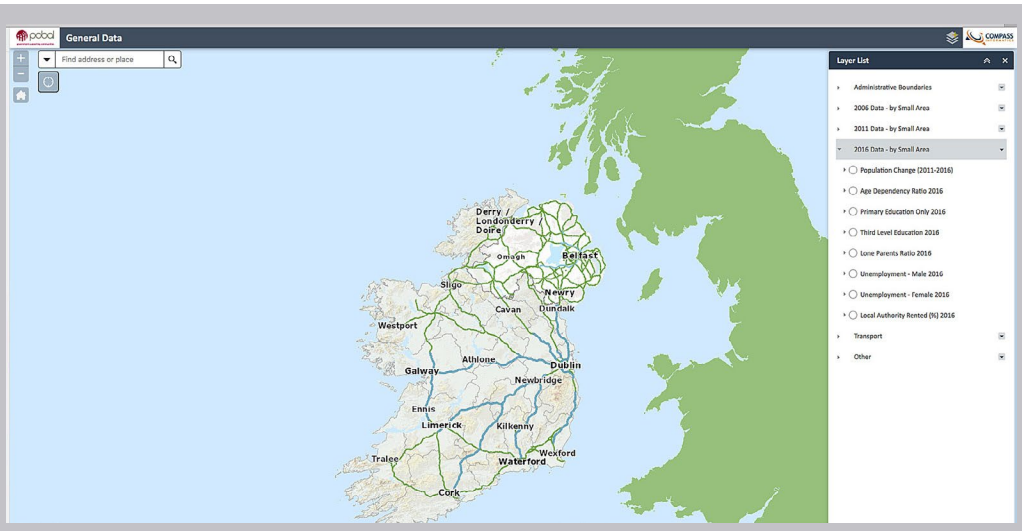
SECTION II: DEMOGRAPHIC INFORMATION

Data required

- Small Area Population Statistics (SAPS)
- Density of population
- Number of children born per year (complete year) in area
- Regional and National demographic data

Information source

- *www.cso.ie* National Census summary
- Small Area Population Statistics (SAPS)
- *https://maps.pobal.ie/WebApps/GeneralData/index.html*
- PHN Birth Register maintained by RPHNs in Health Centres
- Primary Care Centres
- Departments of Public Health *www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/deptpublichealth/*
- National Council on Aging *www.ncoa.org/*



https://maps.pobal.ie/WebApps/GeneralData/index.html

SECTION III: SOCIO ECONOMIC AND CULTURAL DIVERSITY

Data required

- Family type and networks
- Social Networks (Supports)
- Socio-economic data from census
- Religious affiliation
- Employment levels
- Type of Employment e.g. farming; industry
- Housing/ Schooling
- Amenities
- Deprivation Index
- Transport

Information source

- Central Statistics office, www.cso.ie *www.cso.ie/en/releasesandpublications/ep/p-cp7md/p7md/p7sea/*
- Health Atlas
- Departments of Public Health,
- Area deprivation *www.rte.ie/deprivation/ www.tcd.ie/news_events/articles/national-deprivation-index-for-ireland-published/*
- *https://maps.pobal.ie/ www.rte.ie/deprivation/*
- Enterprise Ireland *www.enterprise-ireland.com/en/*
- *www.esri.ie/system/files?file=media/file-uploads/2015-07/BKMNEXT126.pdf*
- Social justice Ireland *www.socialjustice.ie/content/policy-issues/seven-economic-social-and-cultural-rights*
- Information from services dealing with ethnic minorities incl. traveller families, asylum seekers and refugees in the area
- Any local studies (if available) providing results in relation to illness or disease particularly linked with lifestyle factors
- Leader Rural Development *www.gov.ie/en/policy-information/179274-leader-rural-development/*
- Bus Éireann
- Irish Rail

SECTION IV: STATUTORY VOLUNTARY & PRIVATE RESOURCES AVAILABLE

Data required

- Start with PHN and related services including clinics
- Information on Voluntary and Statutory Services

Information source

- Local Health Centres /primary care centres
- Availability of members of the multidisciplinary/ interdisciplinary team members
- Citizens Advice Centre
- Voluntary Organisations e.g. St. Vincent de Paul
- Library
- Internet
- Yellow Pages/Local Directories
- Health Promotion Office
- Home Help Office
- Meals on Wheels
- Day care Services
- Money Advice and Budgeting Services (MABS)
- Local Community Groups e.g. mother & toddlers, breastfeeding group, active retirement group, team groups etc
- Community Development Centre
- Preschools/After School Homework clubs
- List of agencies in receipt of grant aid under Section 39 for development of services for older people and people with disability *www.hse.ie/eng/services/publications/non-statutory-sector/section-39-documentation.html*
- List of agencies in receipt of grant aid for Childcare Developments
- Include results of any surveys which have elicited views of people living in the area
- Community newsletters online
- Community Facebook pages
- Local Newsletters or Free Advertisers

SECTION V: HEALTH STATUS INDICATORS FOR SUMMARISED CARE GROUPS

Care groups

- Ante natal mothers
- Postnatal mothers
- Preschool Children
- School aged children
- Physical &Sensory Disability
- Intellectual Disability
- Mental Health
- Adults under 18-64 years
- Older Adults aged 65 +
- Carers

- Performance Indicators – PHN visits, breastfeeding, development checks etc
- Primary care metrics
- Newborn bloodspot screening statistics
- Immunisation uptake- Heath Protection Surveillance centre. Assist DPHN for immunisations
- Numbers of transfers in and out of area
- PHN caseload data from PHN metrics
- Relevant nursing and midwifery quality care metrics
- Disability Database – Co-ordinators of physical and sensory disabilities. Home support office has records of all home care packages (direct and indirect) This is no longer under the DPHN governance. Include results of any local surveys which have elicited the people's views of their health needs and resources.
- CSO data re self-rated health

Suggested Appendices for CPHNA

- Maps indicating the physical geography of the area.
- Maps showing the DEDs within the area.
- Demographic tables
- Contact details for statutory, voluntary and commercial resources
- Others as deemed useful to describing the resources of the area

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CPHNA Template

HSE - Community Services Area

Community profile of: Type here

Type here

Prepared by: Type here RPHN

Date: Type here Review date: Type here

Section I: Geography of Area and General Description Including Environmental

Data required

Location description (include boundaries features, roads etc. of profiled area and refer to PHN area map in appendix)

Type here

Size: Type here square miles Type here square km

List District Electoral Divisions (DEDs) of the profiled area.

Type here

Area information (Include any other information such as the evolution, environment & history relevant to the general description of the area which may impact on the work of the Public Health Nurse (PHN) and Primary Health Care Team.

Type here

Section II: Demographic Information

Data required

Total Population

Total Population of area Type here persons*

Year	20 Type here	20 Type here	(specify ↑ or ↓)
Population	Type here	Type here	Type here

Density of population Type here persons/square km

National density Type here persons/square km

Children

Number of children born in past five years (use completed years):

Year	Type here	Type here	Type here	Type here	Type here	Total
Number	Type here	Type here	Type here	Type here	Type here	Type here

Total numbers of transfers **into** area in the past year:[1] Type here .

Total numbers of transfers **out** of area in the past year: Type here .

Older Adults

Total number of persons over 65 years+[2] (i.e. 65+) Type here .

% of area population over 65 years from CSO Type here National % over 65 Type here *

% of area population over 75 years Type here National % over 75 Type here *

% of area population over 85 years Type here National % over 85 Type here *

% of persons over 65 years (all age categories above) living alone Type here *

National % over 65 living alone Type here *

[1] Check child health register and see: *www.hse.ie/eng/services/list/2/primarycare/national-phn-service/public-health-nurse-service-metrics-definitions-workbook-2020.docx*

[2] Over 65yrs only in the national metric collection so remaining data can be extracted from the PHN files locally. Reference the source of your data for clarity.

Section III: Socio Economic and Cultural Diversity

Data required

Description of the socio-economic features of the area (include family type and networks, main religious affiliation, literacy, language, types and rates of employment, housing type i.e. public or private, deprivation index if available, specific community development projects etc.)

Type here

What amenities are available to the population in the area?

Type here

What transport facilities are available and how easy is it for people to access amenities and services?

Type here

Provide data relating to cultural diversity:			National average (referenced)
No and %:	Traveller families	Type here	Type here
	Other ethnic minorities	Type here	Type here
	Other (specify)	Type here	Type here

Comment:

Type here

Section IV: Statutory Voluntary and Private Resources Available

Data required

List (below or in an appendix if appropriate) the statutory, voluntary/community and private resources available in your location (e.g. Local Health Centre, primary care centre any Primary Care Teams, Health Promotion Office, Library, Le Leche League, Residential Care Settings, Nursing Homes and any others relevant). Also provide a contact name and telephone number for each organisation.

Comment on the adequacy of the above resources to meet the needs of the population within your area.

Type here

Section V: Health Status Indicators for Summarised Care Groups

Care Groups (Link where possible to Performance Indicators)

Ante natal mothers (No. seen in the past year)[3] Type here

Post natal mothers (No. seen in the past year)[4] Type here

Preschool Children (No. < 4years) Type here

Average No. of births per month Type here

	PHN area	National or regional average
% Visited with 72hrs[5]	Type here	Type here
% Newborn metabolic screening	Type here	Type here
% Breast feeding initiation rates	Type here	Type here
% Breast feeding on discharge from maternity	Type here	Type here
% Breast feeding at three months	Type here	Type here
% Immunisation rates[6]	Type here	Type here
Primary	Type here	Type here
MMR[7]	Type here	Type here
% Developmental (9-11 month) achieved within 12 months[8]	Type here	Type here
% Developmental checks achieved:		
21-24 months	Type here	Type here
46-48 months years	Type here	Type here
No. of Families with PHN & Social Work Involvement	Type here	Type here

Specify separately how many families have either Social Worker, Family Support Worker and/or Child Care Worker in place.

Number of sick children 0-4 years Type here

And 5-18 years Type here

Data from primary care metrics so comment on comparisons

Type here

[3]New additional national metrics are being developed to capture chid development checks in line with the nurture programme. Not available yet so data from PHN files.

[4]This is included in the national primary care metric collection - Adults (18-64 years) so PN mothers not separated.

[5]From PHN records - PI still exists and returned quarterly. This will most likely be replaced with the new child health primary care metrics.

[6]All primary vaccinations are provided by the GP as per the HSE vaccination programme. Check with Assist DPHN *www.hse.ie/eng/health/immunisation/pubinfo/currentschedule.html*

[7]Reports by region from HPSC website.

[8]Will be on new primary care template? Early 2021.

Intellectual, Physical and Sensory or intellectual Disability
(Specify age groups as appropriate. From primary care metrics ages 5-17 and 18-64.
Disability database is available by region but not really accurate as parent decides – use PHN data)

Total No. with Physical Disability Type here *
Total No. on PHN caseload Type here
No. in receipt of home help services Type here
Total No. with Sensory Disability Type here *
Total No. on PHN caseload Type here
No. in receipt of home help services Type here
Total No. with Intellectual Disability Type here *
Total No. on PHN caseload Type here
No. in receipt of home help services Type here

Mental Health
(Included in adult primary care metric so not specific to MH. Therefore, obtain numbers from PHN caseload)
Total No. on PHN caseload Type here

Comment
Type here

Adults (18-64 years)
(Primary care metrics exclude disability or with disability 18-6yrs and 65+)
Total No. on PHN caseload Type here
Home care packages in place Type here

No. of clients considered to be self-neglecting* (See Appendix 1 - currently under review)
Local PHN data - range of 0-15 typical Type here
No. of clients with safeguarding in place[9] Type here
No. of clients with chronic lower limb wound referred onwards (from KPI) Type here
No. of clients in receipt of continence services Type here

[9] From Quality indicators – Is there full compliance with safeguarding. This is measured as a care process in QCMs. PHNs will have a local data base.

Identify numbers from above (from PHN data) with specific medical diagnosis (e.g. IDDM COPD cancer etc) linked to specific national strategies and comment:

Type here

Older Adults (>65 years)

Referrals into service from whatever source (from primary care metrics)

Total No. on PHN current caseload Type here

Home care packages in place Type here

No. of clients considered to be self-neglecting* (see Appendix 1 currently under review)

Local PHN data - range of 0-15 typical Type here

No. of clients with safeguarding in place[10] Type here

No. of clients with chronic lower limb wound referred onwards (from KPI) Type here

No. of clients in receipt of continence services Type here

No. of discharges from caseload (65 years and above) Type here

Deceased within past 12 months (included in above) Type here

% availing of annual immunization for the region Type here

Comment on current nursing work in your profiled area

Type here

Local people's views of their health needs and resources (describe any pre-existing surveys or reports available)

Type here

[10]From Quality indicators – Is there full compliance with safeguarding. This is measured as a care process in QCMs. PHNs will have a local data base.

Resource Plan for Area

PHN estimation of resource allocation based on the previous analysis and primary care metrics:

	Percentage of time allocated
Ante natal mothers	Type here
Post-natal mothers	Type here
Preschool Children (total):	Type here
- Newborn (0-3months)	Type here
- Home Visits	Type here
- Clinics	Type here
- Developmental (9-11month)	Type here
- Developmental (21-24 months)	Type here
- Developmental (46-48 years)	Type here
School Children and Adolescents (5-18years)	Type here
No. of Families with PHN & Social Work Involvement	Type here
Physical and Sensory Disability	Type here
Intellectual Disability	Type here

Mental Health (In overall primary care metrics, PHN will be able to identify locally)

Adults (18-64 years)	Type here
Older Adults (65-74 years)	Type here
Older Adults (75-84 years)	Type here
Older Adults (>85 years)	Type here
Support of carers (<65; >65)	Type here

Supporting Ethnic/cultural diversity:

Health Promotion Activities (evidence in quality metric and care process)	Type here
Estimated time spent on clerical duties (non-nursing) (specify if admin support available)	Type here

100%

Comment on the workload changes in the last year

Type here

Priorities for Action in the Coming Year

- Type here
- Type here
- Type here
- Type here
- Type here
- Type here

Appendix 1

THE CONCEPT OF SELF-NEGLECT IS COMPLEX AND THERE IS NO STANDARDISED NATIONAL OR INTERNATIONAL DEFINITION OF SELF-NEGLECT.

Gibbons, Lauder, & Ludwick (2006) defined self-neglect as:

"The inability (intentional or non-intentional) to maintain socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the self-neglecters and perhaps even to their community." (p.16)

Diagnostic Test Criteria for Identification of Self-Neglect by Healthcare Provider (Gibbons et al, 2006, p. 15).

Inadequate personal hygiene (**and/or** environmental hygiene) **and/or** at least two of the following:

- Lack of follow-up or missed appointments for health problems
- Escalation of health problems to unmanageable levels possibly requiring emergency interventions
- Inadequate preventative practices (diet, exercise, smoking cessation)
- Medication or treatment mismanagement despite a clear understanding of the rationale for regimen recommendations
- Lack of follow-through with preventative or diagnostic testing related to health conditions

Table: Differentiating Intentional and Non-intentional Self-neglect

Intentional	**Non-intentional**
Lifestyle	Cognitive impairment (e.g. dementia)
Choice	Functional impairment
Maintaining control	Psychiatric illness (e.g. depression)
Personality type	Substance abuse (e.g. alcohol abuse)
Fear of institutionalization	Major life stressor

Reference

Gibbons S, Lauder W, Ludwick R. (2006) Self-Neglect: A Proposed New NANDA Diagnosis. *International Journal of Nursing Terminologies and Classification* 17(1) 10-18.

Type here

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